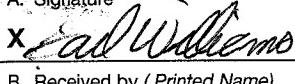


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature  X <i>Earl Williams</i>	
1. Article Addressed to: <i>Khalilah Williams 3612 Old Jeanerette Rd. New Iberia, LA 70563-3131</i>		B. Received by (Printed Name) <i>EARL WILLIAMS</i>	C. Date of Delivery <i>11-7</i>
		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7010 2780 0001 3986 2622	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

06 NOV 2012

* Sender: Please print your name, address, and ZIP+4 in this box *

**U.S. DISTRICT CLERK
300 WILLOW ST., STE. 104
BEAUMONT, TX 77701**

